Registration District No. 2000 Registration No. 120 Registration District No. 2000 Registration No. 120 Registrati	300 -47 -39	l == =	TIFICATE OF DEATH State File No
1. PLACE OF DEATH (b) County	3906	Registration District No. Primary Registration	District No. 2000 Registrar's No. 1
(6) City or town. Springfield (7) Name of hospital or institutions is sweet peaker to leading) (8) City or town. Springfield (9) City or town. Springfield (10) Name of hospital or institutions is sweet peaker to leading) (11) Kent twood (12) Length of stay: In hospital or institution. (13) Length of stay: In hospital or institution. (14) Length of stay: In hospital or institution. (15) AMNE James Tractify Madden (16) Name of hospital or institution. (17) None (18) None (1	`]	1. PLACE OF DEATH:	
(c) City or form. If contained city or town in the write "RURAL" and same of township) (d) Name of hospital or institution: 1011 Kent twood (If cont to hospital or institution: 1021 Kent two downship or institution: 1031 Kent twood (If cont to hospital or institution: 104 Legst of stay: In hospital or institution: 105 Legst of stay: In hospital or institution: 105 Legst of stay: In hospital or institution: 106 PRINT 107 Jenes Trastin Madden 108 Jenes Trastin Madden 108 Jenes Trastin Madden 108 Jenes Trastin Madden 109 Jenes Marie Jenes J	9	(a) County Greene	(a) State Missouri (b) County Creene 3 9
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Second Section			20. DATE OF DEATH: Month January day 5th
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The control of the co	Ŋ		12/28/48 19 1/5/49 19
The control of the co	<u>ו</u>	4. Sex Male race White divorced Marrie	that I last saw h im alive on 1/5/49
The control of the co	Ř		and that death occurred on the date and hour stated above.
7. Birth date of deceased. November 1 1858 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 90 2 4 hr. min. 10. Usual occupation. Merchant 11. Industry or business 12. Name. J. C. Madden 13. Birthplace. (City, town, or county) 14. 13. Birthplace. (City, town, or county) 15. Birthplace. (City, town, or county) 16. (a) Informant. Nell Madden (Lown) 17. (a) Burial 18. (a) Signature of funeral direction (b) Date thereof 1-7-49 (b) Address Springfield, Missouri 18. (a) Signature of funeral direction (b) Missouri 19. (a) Address Springfield, Missouri (b) Address Springfield, Missouri (c) Place: burial or cremation. Livyson, Missouri (d) Cherconditions Sentlity (d) Date of occurrence. (e) Where did injury occur? (filed was due to external causes, fill in the following: (c) Place: burial or cremation. (b) Date thereof 1-7-49 (c) Place: burial or cremation. Livyson, Missouri (d) Date of occurrence. (e) Where did injury occur? (filed was due to external causes, fill in the following: (c) Date of occurrence. (c) Where did injury occur? (d) Did injury occur? (d) Did injury occur? (e) Place: burial or cremation. Livyson, Missouri (e) Address Springfield, Missouri (filed was due to external causes, fill in the following: (e) Where did injury occur? (filed was due to external causes, fill in the following: (filed was due to external causes, fill in the following: (filed was due to external causes, fill in the following: (filed was due to external causes, fill in the following: (filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in the following: (g) Address filed was due to external causes, fill in		Effie M Madden alive 38 year	Immediate cause of death
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(Date received local tengistrar) (tengistrar a signature) Address Date signed A. D. Date signed A. D.	1	10 (0) 1-8-49 (1) WT, Hardley W.D.	23. Signature (M. D. or other)
' (Licensed Embalmer's Statement on Reverse Side)		(Date received local tegristrar) (Registrar a signature)	
4		(Licensed Embalmer's S	atement on Reverse Side) 49

STATEMENT BY LICENSED EMBALMER

,	
I hereby certify that the body whose name is re	corded on the reverse side of this certificate was embalmed by me, or by
v	Registered Apprentice No

working under my personal supervision.

Licensed Embatrier No. 2-83

P. O. Addies The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAYDWRITING. (Failure to comply

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.